

The SPEAKER pro tempore. The gentleman's notice will appear in the RECORD at this point.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 2003, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

MEDICARE PRESCRIPTION DRUG CONFERENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Madam Speaker, as we return from the August recess, we face the great challenge of passing a Medicare bill that will provide a good prescription drug benefit for seniors. Republicans in the House passed a bill in July, or June, earlier this year that caters to drug companies, HMOs, and that destroys Medicare. This is obvious for many reasons evident in the detail of the bill. However, I want to highlight two ways in which Republicans are killing the Medicare program and in the process contributing to the endless suffering and hardship of seniors nationwide.

Madam Speaker, the Republican bill turns Medicare into a voucher program. This means that traditional Medicare will essentially be phased out by the year 2010. Seniors will find it difficult to stay in traditional Medicare because it will cost them more. They will only be able to afford the private insurance that is available with the voucher given to them by the Federal Government. By making Medicare a voucher program, seniors would be forced into private plans, the same companies that have said in the past that they do not want to cover seniors and have pitiful records of providing them care. Medicare HMOs have not been effective in providing health coverage to the more than 2 million seniors who have seen their coverage disappear over the past 5 years. In my State alone, in New Jersey, Medicare HMOs dropped almost 80,000 seniors from coverage after concluding that Medicare beneficiaries were not profitable.

Madam Speaker, when Republicans are pushing seniors into private insurance plans that offer no stability or security, they are at the same time taking away the seniors' rights to choose and enroll in a dependable drug plan under the Medicare program. Under the Republican bill, a prescription drug benefit is essentially available only if they join an HMO, and Democrats, to the contrary, believe that a prescription-sponsored drug plan should be available to all seniors including those enrolled in traditional Medicare.

Madam Speaker, the Medicare bill should offer a benefit to all seniors all across the country regardless of how

many private drug-only insurance plans or Medicare HMOs are available in any particular area. All seniors should pay the same premium, the same deductible, the same coinsurance, and would have the same benefit.

Democrats plan to offer a series of motions to instruct conferees that would ensure that the Medicare bill does not privatize Medicare and that it offers a guaranteed fallback prescription drug plan for all those in traditional Medicare.

Madam Speaker, there are many provisions in the Republican bill that passed the House that are highly problematic. For example, the bill does nothing to reduce the cost of prescription drugs and forbids the Secretary from negotiating reduced costs of prescription. The Republican bill provides an inadequate benefit that should be called "pay more, get less." And, lastly, the Republican bill encourages erosion of employer-sponsored coverage.

Overwhelmingly, Madam Speaker, America's seniors want and deserve a guaranteed comprehensive and affordable prescription drug benefit that is part of basic Medicare. A meaningful Medicare drug benefit must be voluntary. It must be guaranteed for all. It must be funded adequately to attract widespread participation, and it must contain an effective mechanism to lower the costs of drugs. It must hold together the bargaining power of 40 million seniors, and it must contain a framework that could be expanded in future years. The House Republican plan does nothing to meet these tests, and it is now more important than ever to encourage our conferees of the House and the Senate to include measures that guarantee a Medicare fallback and that guarantee that Medicare will not be privatized.

CONGRATULATIONS TO IRA CLARK

The SPEAKER pro tempore (Mr. CARTER). Under a previous order of the House, the gentlewoman from Florida (Ms. ROS-LEHTINEN) is recognized for 5 minutes.

Ms. ROS-LEHTINEN. Mr. Speaker, I am pleased to take this opportunity to extend my congratulations to Ira Clark, the former president and chief executive officer of the Public Health Trust of Dade County. And why? Because he is retiring from this prestigious post.

The Public Health Trust of Dade County, Florida is the governing body of Jackson Memorial Hospital, one of the largest and busiest hospitals in the United States. Jackson Memorial Hospital has a major teaching affiliation with the University of Miami School of Medicine. In addition, it has a long history as the major Medicaid provider in the State of Florida.

Under Ira's leadership, Jackson Memorial has maintained its stature as one of the top hospitals in the country. As president and CEO of the hospital, Ira Clark has been concerned with the

County, with the State and Federal programs, as well as funding for the hospital and its satellite facilities. Ira's stewardship of Jackson Memorial Hospital is testament to his understanding of our community and its health care needs. Through internal and external collaboration, he has brought about operational improvements that have strengthened the hospital and has initiated multiple expansion projects to help the hospital better serve the people of our South Florida community.

Ira has dedicated many years to assuring that quality health care is available for every South Florida resident through primary care networks. Because the mission of the Public Health Trust is so extensive, Ira determined that it should evolve as a system rather than as a single-locator health provider. So Jackson Health System now includes a hospital which was renamed Jackson South Community Hospital, a network of primary care centers located in medically underserved neighborhoods, school-based clinics, and long-term facilities, providing residents that appropriate care in their very own neighborhoods. Jackson has a tremendous team of health care professionals, nurses such as Debra Diaz O'Reilly, who is the Chair of the Committee on Political Education and is up here in Washington, D.C. this very week lobbying on behalf of the Service Employees International Union of the AFL-CIO, which services the residents and the patients of Jackson Hospital. And upon arriving at Jackson in 1987, Ira delineated several central goals to strengthen the hospital's position as all things to all people.

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His first goal was to find a predictable source of recurring financing that would maintain Jackson's quality and mission. He was able to secure the necessary funds from a half penny sales tax. In addition, the Public Health Trust sold more than \$150 million in revenue bonds in the spring of 1994, which brought in much-needed capital to expand and remodel Jackson and its satellite facilities.

The money from the half penny tax gave the institution stability and allowed for Ira to realize his second goal of decompression. Decompression has been realized through the establishment of the Jackson North Maternity Center; the Taylor Breast Health Center, which provides complete care for cancer detection and positive management of all breast-related problems; the Diagnostic Treatment Center, which provides residents with access to diagnostic procedures such as outpatient surgery, mammography, ultrasound diagnostics and endoscopic and fluoroscopic tests in a setting closer to home, as well as the Ryder Treatment Center.

The Ryder Treatment Center is the largest, most comprehensive trauma

center in the world. It provides resuscitation, emergency surgical intervention, diagnostic and medical treatment and intensive care to Dade County's trauma victims. In addition, the center features extensive research and educational facilities. Its primary focus is on lowering the preventable death rate by increasing the delivery of trauma care during the critical 60 minutes after an injury.

In addition to the aforementioned centers, tremendous strides have been made in enhancing the hospital and the invaluable services that it provides to our State of Florida. Relationships have been established with other prime providers to position the Public Health Trust as a leader.

Jackson has evolved from a single-location health provider into a system that stretches throughout the county and includes 12 primary care centers, four school-based clinics, two medical long-term facilities, a maternity hospital and a community hospital. All this has been established while maintaining Jackson as one of the foremost hospitals in the country.

The Public Health Trust also has responsibility for clinics in six of the county's correctional facilities and a number of other services, such as the South Florida AIDS Network.

Throughout his career, Ira Clark's talent and energy have been focused on one overall mission: providing high-quality health care to all people. He has clearly achieved and surpassed this vision.

Thank you, Ira, for your outstanding contribution to the enhancement of the lives of our south Florida residents.

LOWERING THE HIGH COST OF DRUGS FOR AMERICANS

THE SPEAKER pro tempore (Mr. CARTER). Under a previous order of the House, the gentleman from Illinois (Mr. EMANUEL) is recognized for 5 minutes.

Mr. EMANUEL. Mr. Speaker, today in USA Today, they released a poll that showed that 71 percent of the American people believe they should be allowed to buy prescription drugs from Canada and other European countries. People from around the world come to the United States for their medical care, yet Americans are forced to go around the world for their medications. The American people know what is going on here, and they know the situation is wrong and it is unsustainable.

A recent Families USA study found that the prices of 50 drugs most commonly used by seniors have increased in price by an average of 3.5 times the rate of inflation over the past year. Between 2000 and 2003, seniors' expenditures on prescription drugs increased by 44 percent.

For too long, seniors have been paying premium prices for the same prescription drugs that are available in other countries. Take tamoxifen. It costs \$60 in Germany, and \$360 in the United States.

We cannot sit back and allow this situation to continue. Right before we left for recess in August, the United States House of Representatives passed legislation to allow Americans, elderly, folks of any age, to buy their medications in Canada and Europe. It is competition, the free market, and allowing choice to exist.

Today we exist in a closed market and Americans pay the highest price. If we had a free market system, allowing Americans to buy their prescription drugs if they want in Canada or Europe, their name-brand drugs, prices would drop dramatically in this country. Today we are paying 40 to 50 percent more than the poor starving French and Germans. That price would be reduced here in the United States.

A lot of folks in the pharmaceutical industry say it is a safety risk. Right after our vote here in the House, Pfizer, the largest pharmaceutical company in the country, said they were going to pull out of the Canadian market or limit their sales in Canada. It had nothing to do with safety. When people tell you it ain't about money, folks, it is about money.

The second argument the pharmaceutical industry raises is they say this will endanger research and development. Today the American taxpayers fund the National Institutes of Health for \$27 billion. They also fund research at the pharmaceutical industry with a tax credit for R&D.

There is not a single cancer drug or major AIDS drug or drug dealing with diabetes that has not been developed without taxpayer-funded research. The American people pay for the research on the front end, and they pay the most expensive prices on the back end. That is a system we have created. It is working for the pharmaceutical industry, and it is time we changed the law so it works on behalf of the American people.

Today our legislation is in conference on the prescription drug bill. We are thinking about a \$400 billion expansion of an entitlement, the largest expansion of an entitlement program in over 40 years, and I think we owe the taxpayers of this country, if we are about to go spend \$400 billion of their money, we owe them the decency to get them the best price, not the most expensive price.

Today, all we can guarantee is 20-year-old legislation on generics that guarantees that generics are held off the market, which would save our seniors money. We guarantee the pharmaceutical companies tax credit R&D as well as the National Institutes of Health funding, so the taxpayers pay for all the research, and we guarantee that the Americans pay the highest price for the prescription drugs.

There is a reason the pharmaceutical industry has paid \$28 million to try to defeat the legislation, because they have got a good thing going here and they do not want to change it; because they have got taxpayers funding the re-

search on the front end, and they have got Americans paying the most expensive prices on the back end.

So we have a chance to change that system. We have a chance to bring competition and choice to bear on the market, and the pharmaceutical industry will try to live under the free market, like every other industry. Right now, they have a closed market, and the end result of it is the American people are paying the highest prices.

We can make a difference here. We did it in the House. We now need our colleagues in the other Chamber to do better and join us in giving a voice to the 71 percent of Americans who said they too want the choice of the free market. No more continuation of this closed market, forcing Americans to pay the highest prices.

Over the summer, the reputable group called the AARP, that speaks for 34 million seniors, endorsed this legislation. Today their seniors, who are members of the AARP, who buy their pharmaceutical products in Canada, get reimbursed from United Health Insurance that represents the AARP members.

Now, do you really believe the AARP would be endangering the health of their members? There is a reason they did this: because the market is speaking. They pay 25 to 30 percent less in Canada than we here in the United States for the same drugs.

EXPRESSING GRATITUDE TO THE NATIONAL PARK SERVICE

THE SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

Mr. PENCE. Mr. Speaker, I rise tonight with some hesitation, fearful that I might simply be accused of coming to the floor of the Congress to report on what I did on my summer vacation. But the truth is, Mr. Speaker, that I rise today with a deep sense of gratitude to the National Park Service, and in a deep impression imposed upon me and my three small children and my wife Karen during our visit to a place called Yellowstone.

The first of the national parks, established in 1880, it in fact inspired President Teddy Roosevelt himself to establish the National Park Service during his administration at the turn of the century, and now I know why.

With the assistance of an amateur photographer, age 11, by the name of Michael Joseph Pence, who I am sure is eagerly watching at this very hour, I hope to introduce you to some of the experiences of Yellowstone of our family and the remembrances of those who first explored it.

It was, in fact, General Washburn in 1870 who was commissioned by Congress to survey Yellowstone thoroughly for the very first time, and the Pence family expedition was filled with the same wonder this past August. In fact, it was September 14, 1870, when